



Building Permit Application

Gratiot County
 Department of Community Development
 214 E Center St., Ithaca, MI 48847
permits@gratiotmi.com / www.gratiotmi.com
 (989) 875-5201

| |
|---|
| <u>Office Use Only</u> Date Received |
|---|

1. Project Information

PROJECT ADDRESS: _____

| | |
|------------------------|-----------------|
| CITY/VILLAGE OF: _____ | ZIP CODE: _____ |
|------------------------|-----------------|

| | |
|-------------------|-----------------|
| PARCEL ID#: _____ | TOWNSHIP: _____ |
|-------------------|-----------------|

RESIDENTIAL PROJECT: *Check all that apply below*

| | | | | |
|--|--|--|---|---|
| Project Type: _____ | | Estimated Construction Value/Cost: \$ _____ | | |
| <input type="checkbox"/> New Home | <input type="checkbox"/> 1 st Floor – sq.ft. | <input type="checkbox"/> 2 nd Floor – sq.ft. | <input type="checkbox"/> Finished/Unfinished Basement – sq.ft. | <input type="checkbox"/> Crawlspace – sq.ft. |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Total Area: sq.ft. | <input type="checkbox"/> Work Description: _____ | | |
| <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Total Area: sq.ft. | <input type="checkbox"/> Covered | <input type="checkbox"/> Enclosed | |
| <input type="checkbox"/> Addition | <input type="checkbox"/> 1 st Floor – sq.ft. | <input type="checkbox"/> 2 nd Floor – sq.ft. | <input type="checkbox"/> Finished/Unfinished Basement – sq.ft. | <input type="checkbox"/> Crawlspace – sq.ft. |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Total Area: sq.ft. | <input type="checkbox"/> Work Description: _____ | | |
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Total Area: sq.ft. | <input type="checkbox"/> Detached <input type="checkbox"/> Attached | WxLxH: _____ | Work Description: _____ |
| <input type="checkbox"/> Solar | <input type="checkbox"/> Total Area: sq.ft. | <input type="checkbox"/> Roof Mounted | <input type="checkbox"/> Ground Mounted | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Total Area: sq.ft. | <input type="checkbox"/> Work Description _____ | | |
| <input type="checkbox"/> Exterior Only | <input type="checkbox"/> Total Area: sq.ft. | <input type="checkbox"/> Re-Roof | <input type="checkbox"/> Re-Side | |

COMMERCIAL PROJECT: *Check all that apply below*

| | | | |
|---------------------------------------|---|--|--|
| Project Type: _____ | | Estimated Construction Value: \$ _____ | |
| <input type="checkbox"/> New Building | <input type="checkbox"/> Total Area: sq.ft. | Work Description: _____ | |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Total Area: sq.ft. | Work Description: _____ | |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Total Area: sq.ft. | Work Description: _____ | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Total Area: sq.ft. | Work Description: _____ | |

Project Description:

Use Group: ____ Construction Type: ____ Number of Floors: ____ Number of Dwelling Units: ____
 Width: _____ft. Length: _____ft. Height: _____ft. Total Square Footage: _____sq.ft.

2. Owner or Lessee

| | | |
|-----------------------|------------------------|-----------------|
| NAME: _____ | MAILING ADDRESS: _____ | |
| CITY: _____ | STATE: _____ | ZIP CODE: _____ |
| E-MAIL ADDRESS: _____ | | PHONE #: _____ |

3. Architect or Engineer (If Applicable)

| | | | |
|------------|--------|----------------------|----------|
| NAME: | | MAILING ADDRESS: | |
| CITY: | STATE: | ZIP CODE: | PHONE #: |
| LICENSE #: | | EXPIRATION DATE: / / | |

4. Contractor (If Applicable)

| | | | |
|---|--------|----------------------|--|
| NAME: | | MAILING ADDRESS: | |
| CITY: | STATE: | ZIP CODE: | |
| BUILDERS LICENSE #: | | EXPIRATION DATE: / / | |
| FEDERAL EMPLOYER ID #(or reason for exemption): | | | |
| E-MAIL ADDRESS: | | PHONE#: | |

5. Plans

Commercial Project – Include Two (2) Copies of Sealed Plans (a physical copy and a digital copy).
Residential Project – Include One (1) Copy of Plans (Sealed Plans for Accessory Buildings over 40’ Wide and for New Homes with over 3, 500sq. ft. of *habitable* space).
 ***All applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises

6. Additional Documentation Required (If Applicable)

Copy of Zoning Permit/ Approval – Included: Yes No Not Applicable
 Copy of Well and/or Septic Permits – Included: Yes No Not Applicable
 Copy of Driveway Permit – Included: Yes No Not Applicable
 Copy of Soil Erosion Control Permit – Included: Yes No Not Applicable
 Copy of Stormwater Drain Permit – Included: Yes No Not Applicable
 Copy of EGLE Part 303 Wetland Permit – Included: Yes No Not Applicable
 Copy of Electrical/Mechanical/Plumbing Permits – Included: Yes No Not Applicable

6. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION. APPLICANT IS RESPONSIBLE FOR SCHEDULING ALL INSPECTIONS OR BEFORE ANY ELECTRICAL, PLUMBING, MECHANICAL, OR STRUCTURAL WORK IS CONEAELED OR COVERED. IT IS ALSO THE APPLICANT’S RESPONSIBILITY TO OBTAIN AND SUBMIT SEPARATE APPLICATIONS FOR ANY ELECTRICAL, PLUMBING, OR MECHANICAL PERMITS THROUGH THE STATE OF MICHIGAN.

| | | | |
|--------------------|--------|----------|--|
| NAME: | | ADDRESS: | |
| CITY: | STATE: | ZIP: | |
| EMAIL ADDRESS: | | PHONE: | |
| DRIVERS LICENSE #: | | D.O.B. | |

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23A of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subjected to civil fines.

X _____
 Applicant Signature Date

*****DEPARTMENT USE ONLY*****

APPLICATION – APPROVED DENIED APPLICATION FEE: \$ _____

 Building Official Signature Date

| Building Permit Administrative Fee | | Amount | | | |
|---|---|--|-----------------------------------|-------------------------|---------|
| Residential | | \$30.00 | | | |
| Commercial | | \$30.00 | | | |
| Building Permit Fees (Set Fee) | | Amount | | | |
| Permit Renewal | | \$25.00 | | | |
| House Numbering (Address) | | \$50.00 | | | |
| Above Ground Pool | | \$75.00 | | | |
| Below Ground Pool | | \$125.00 | | | |
| Demolition (Residential) | | \$60.00 | | | |
| Demolition (Commercial) | | \$60.00 Plus \$5.00 per 1,000 Sq.Ft. | | | |
| 90 Day Temporary Dwelling | | \$60.00 | | | |
| 90 Day Temporary Dwelling Follow Up | | \$60.00 | | | |
| Building Permit Fees (Based on Estimated Construction Value) | | Amount | | | |
| \$0,001 – \$2,500 ECV | | \$50.00 | | | |
| \$2,501 – \$7,500 ECV | | \$100.00 | | | |
| \$7,501 – \$10,000 ECV | | \$140.00 | | | |
| \$10,001 – \$100,000 ECV | | \$140.00 Plus \$5.00 per \$1,000 over \$10,000 | | | |
| \$100,001 (and over) ECV | | \$545.00 Plus \$2.00 per \$1,000 over \$10,000 | | | |
| *Total ECV Computed (Based on Construction Rates Below) Are Applied to the Fee Schedule to Determine Permit Fee | | | | | |
| Construction Rates to Calculate ECV | | | | | |
| <u>Dwellings (Cost per Square Foot):</u> | | <u>Dwelling Additions (Cost per Square Foot):</u> | | | |
| Crawlspace | \$10.00 | Porch/Deck | \$15.00 | | |
| Basement | \$25.00 | Porch/Deck Enclosed | \$25.00 | | |
| First Floor | \$70.00 | Crawlspace | \$10.00 | | |
| Second Floor | \$70.00 | Basement | \$25.00 | | |
| Single Wide | \$70.00 | First Floor | \$70.00 | | |
| Double Wide | \$70.00 | Second Floor | \$70.00 | | |
| <u>Accessory Structure (Cost per Square Foot):</u> | | <u>Other (Cost per Square Foot):</u> | <u>Utility Structures:</u> | | |
| Pole Building | \$25.00 | Residential Roof | \$10.00 | Wind Turbine | \$10.00 |
| Shed (<600 sq.ft.) | \$15.00 | Commercial Roof | \$15.00 | Residential Solar Panel | \$15.00 |
| Garage (On Slab) | \$23.00 | Commercial Structure | \$130.00 | Commercial Solar Panel | \$30.00 |
| Garage (On Footing) | \$25.00 | Commercial Storage (S-1) | \$60.00 | | |
| | | Commercial Rehabilitation | \$60.00 | | |
| Inspection Fee (Per Inspection) | | Amount | | | |
| Footing | Foundation Rough Backfill Framing Tie Down Miscellaneous Final | \$30.00/each | | | |
| | Additional Inspection | \$50.00 | | | |
| | Special Inspection | \$75.00 | | | |
| *** AN ADDITIONAL \$55.00 + \$25.00 PER HOUR + Mileage (At current IRS Rate) WILL BE CHARGED TO ALL CONSTRUCTION COMMENCED WITHOUT THE NECESSARY CONSTRUCTION PERMITS | | | | | |
| Plan Review Fee | | Amount | | | |
| | 0-5,000,000 Sq. Ft. | \$0.08 Per Sq. Ft. (Excludes Basement) | | | |
| | Commercial Review 5,000,000+ | \$942.00 Plus \$0.75 per Sq. Ft. | | | |
| TOTAL PERMIT FEE | | | | | |

OFFICE USE ONLY

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

GCPP is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Designate Agent Assignment Form

I authorize _____ to act as my representative in regard
(Applicant/Contractor Name)
to the attached building permit application for the project located at

In doing so, I agree that the proposed structure will not be occupied prior to issuance of the Certificate of Occupancy.

(Property Owner Name)

(Phone Number)

(Property Owner Signature)

(Date)

GRATIOT COUNTY
SOIL EROSION AND SEDIMENTATION CONTROL DIVISION
214 E. CENTER ST., ITHACA, MI 48847
(989) 875-5301--bleonard@gratiotmi.com

I, _____, the permit applicant do hereby affirm that **I am not** within 500 feet of a stream, lake, river, or county drain; **nor will I disturb** over one acre of ground. This statement exempts me from having to obtain a Soil Erosion and Sedimentation Control Permit.

Signature

Date

OR

I, _____, the permit applicant do hereby affirm **I am** within 500 feet of a stream, lake, river, or county drain or **I will disturb** over an acre of ground.

Signature

Date